



EMPLOYER GUIDELINES 2017-18

Administrative Guidelines

Listed below are several important points that may answer some questions regarding Trust procedures.

To Submit Add-Ons to Your Group

Employees who have fulfilled your company's waiting period need to submit an enrollment application. Applications must be received **by the 15th of the month prior** to the requested effective date.

Any applications received after the 20th of the month may not be processed prior to the first of the month this will delay acceptance to the plan.

Terminating Employees from the Plan

In order to terminate employees, we must receive written notice **by the 20th of the month**. You can line through the employee's name on the invoice, mail or fax the notification. Terminations will be effective on the last day of the month in which notice is received. Refund for the terminated employee will be issued to you.

Adding Dependents

Dependents can be added under the following circumstances:

- The dependent is a newly acquired spouse or child;
- The dependent is no longer covered under a previous plan;
- At the group's open enrollment.

The employee is to complete a Change Form **within 30 days of the occurrence**. The change must be received within 30 days of the qualifying event. The change will be made effective the first of the month following date of occurrence or the first of the month of open enrollment.

THIS IS A PRE-PAID MEDICAL PLAN

THIS MEANS THAT THE PAYMENT FOR COVERAGE MUST BE PAID IN ADVANCE OF THE EFFECTIVE DATE OF COVERAGE.



Invoice

Your invoice will be mailed during the 1st week of each month for the following month's coverage. Payment is **due on the 20th** and delinquent on the 25th. We must close our books no later than the 25th of the month in order to prepare eligibility lists for our carriers before the 1st of each month. This means that premiums not received by the 20th may result in termination of coverage. There may be a \$25.00 charge for all returned checks.

New Groups

The following should be completed and submitted to the Administrator:

1. Adoption Agreement including:
 - Addendum to the Adoption Agreement
 - Attachment A to the Adoption Agreement
2. Employer Group Application
3. Enrollment Checklist
4. Forms:
 - Enrollment Forms
 - Declination of Coverage Forms
5. Binder check payable to the California Small Manufacturing Health & Welfare Trust

Payment Guidelines

- Participating employers must make contribution payments to the "California Small Manufacturing Health & Welfare Trust Fund"(CSM HWTF) on a monthly basis.
- The contributions must be made by company check payable to the Trust Fund.
- Contribution payments are **due on the twentieth (20th)** day of the month prior to the month of coverage. See Summary Plan Description for further details.
- If contributions are not received **by or before the twentieth (20th) day of the month** prior to the month of coverage, the administrative manager of the Trust Fund will automatically issue a letter to the participating employer advising that the contributions are past due and that coverage is terminated effective the last day of the prior month.

Carriers Contacts

MEMBER SERVICES

Health Net

www.healthnet.com

HMO

PPO

800-522-0088 800-676-6976

MetLife

www.metlife.com

DHMO

PPO

800-880-1800 800-275-4638

EyeMed VisionCare

www.eyemedvisioncare.com

866-939-3633

Administrator's Contacts

PLEASE CONTACT OUR OFFICE FOR SERVICES SUCH AS:

- COBRA Administration
- ARRA COBRA Administration
- State & Federal Compliance Assistance and Updates
- Coordination, Assistance with Enrollment
- Online Changes, Inquiries and Form Requests
- Eligibility
- Member Advocacy
- Member Services
- Billing, Invoices

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